

February 18, 2016

Appropriations Committee

Testimony: Governor Malloy's Proposed Budget Cuts to Local Public Health

My name is Ashika Brinkley and I am Executive Director of the Connecticut Association of Directors of Health, representing Connecticut's local health directors.

The Governor is proposing deep cuts to an already under-funded local public health system. The proposed cut of \$576,000 will have extraordinary ramifications for the delivery of core public health services. This assault on local public health comes at a time when the citizens of Connecticut are already being short-changed on their essential public health services; the demands on local public health continue to increase with new state mandates, and local public health is being called to the forefront as new epidemics such as the Zika virus continue to emerge.

Local public health departments and the municipalities they serve protect the public and cannot sustain these cuts without significant reduction and in some cases, elimination of public health services and programs. These cuts will have a significant impact on the health and safety of our residents and communities and this proposal will cost the state more in the long run.

Direct public health services are provided through local health departments, *not* the state Department of Public Health. Local public health provides health education and early detection to reduce the impact of chronic diseases such as cancer, heart disease, asthma and diabetes. These diseases are strongly affected by social and behavioral factors that can be modified through local public health efforts. Preventing disease costs far less than curing it or treating it. Local public health keeps the community safe from infectious diseases including meningitis, sexually transmitted diseases and TB. Local public health protects the health of our children through immunization outreach efforts, smoking and substance abuse prevention, lead screening and abatement. Local public health ensures the safety of our water, food, schools, daycares and swimming pools through inspection and permitting. Many of these core public health functions will be severely reduced or eliminated entirely if these cuts are implemented. In addition, local health directors will be forced to prioritize statutorily mandated public health activities resulting in suboptimal public health protections.

In conclusion, I would like to address the myth that federal funds being received by local health departments for emergency preparedness will reduce the burden of state per capita reductions of funding. This is absolutely false. It is a dangerous misperception. The federal grant guidance explicitly prohibits the supplanting of state and local funding of core public health services with federal bioterrorism monies. Cutting the state per capita and reducing support of core public health functions will compromise emergency preparedness efforts. Even with the additional stipulated funds for preparedness, local resources invested in this effort have extended far beyond the federal funding received. Bioterrorism and public health emergency preparedness are built on the foundation of strong local health departments that provide the core public health functions.

Our Directors worry everyday about how they are going to meet their obligations to protect public health, and ensure public safety with dwindling resources and added responsibilities. According to the National Association of County and City Health Officials (NACCHO), Connecticut's investment in local health is already half the national average. On behalf of all local health directors I urge you to consider the implications of this under investment in local public health, and rescind these cuts.